STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

Dental Board of California
2005 Evergreen Street, Suite 1550 Sacramento, CA 95815
P (916) 263-2300 | **www.dbc.ca.gov**

REQUEST FOR RDA CERTIFICATION OF LICENSE

For Office Use Only:
Cashiering No.: _____
Prepared by: _____
Date Mailed: _____

$25.00 FEE REQUIRED
For each request

Please type or print clearly in ink. Be sure to provide all information.

VITAL INFORMATION

Current Name:_____

Prior Last Name(s): _____

RDA License Number:_____ **Social Security No.**_____

Address of Record:_____

City_____ **State** _____ **Zip Code**_____

Business Phone ( ) _____
Residence Phone ( ) _____

Address you wish the certification to be sent:

DECLARATION: I authorize the Dental Board of California to send a certification of my California auxiliary license to the address above.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This declaration is executed on the _____day of _____ 20_____.

Signature_____

Please allow 30 days for your certification request to be processed.